



# Village of Palmetto Bay



## EMPLOYEE BENEFIT GUIDE

October 1, 2023 through September 30, 2024

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

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## ANNUAL OPEN ENROLLMENT

During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover. Changes can only be made *outside of the annual enrollment period* if you experience a qualified family status change that permits changes in your plan election. So now is the time to carefully review your plan options. Below is an overview of the changes for the 2022-2023 Plan year.

Open Enrollment for our benefit plans will be conducted September 5th to September 22nd. Elections you make during open enrollment will become effective October 1, 2022.

This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.



***\*\*Attention: The Palmetto Bay employer contribution to benefits is increasing to \$1,350 for the 23-24 plan year \*\****

## WHAT'S NEW FOR 2023-2024

### **Medical insurance is renewing with United Healthcare**

- Network will remain Choice Plus
- Premium increase for both the HMO and PPO plans

### **Dental, Vision, and Life are renewing with United Healthcare**

- No premium increase for dental
- No premium increase for vision
- Basic Life and AD&D rate is increasing

### **FSA/ Dependent Care FSA plans are renewing with MedCom**

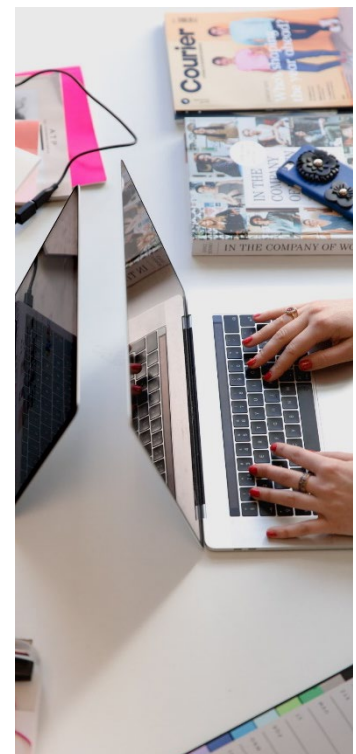
- FSA maximum contribution per year is \$3,050
- DCFSA maximum contribution per year is \$5,000

### **Medical Bridge Plan is renewing with Colonial**

- Employer sponsored- no change in premium

### **Florida Dental**

- This plan will no longer be offered by Palmetto Bay



## WHO WE COVER

Employees are eligible to participate in the Palmetto Bay employee benefits program if:

- They work 30 or more hours a week or are an elected official

*\*Coverage is effective the first of the month following date of hire*

### **Dependent Eligibility**

A dependent is defined as your domestic partner or legal spouse and your or your domestic partner or legal spouse's child who is under age 30. Dependent children may be covered as follows:

- Medical
  - To the end of the calendar year in which the dependent turns 30 if:
    - Unmarried
    - Have no dependents of their own
    - Are a Florida resident or are a part or full-time student
    - Do not have other insurance coverage
- Dental
  - To age 26
- Vision
  - To age 26

## QUALIFIED LIFE EVENTS

Premiums for medical, dental, and vision insurance are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made ONLY during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

<ul style="list-style-type: none"><li>• Marriage</li></ul>	<ul style="list-style-type: none"><li>• Divorce or legal separation (subject to State regulations)</li></ul>
<ul style="list-style-type: none"><li>• Death of spouse, child or other qualified dependent</li></ul>	<ul style="list-style-type: none"><li>• Birth, gain legal custody or adoption of child</li></ul>
<ul style="list-style-type: none"><li>• Gain or loss of other group coverage (including Medicare coverage)</li></ul>	<ul style="list-style-type: none"><li>• Change in employment status for employee, spouse or dependent</li></ul>
<ul style="list-style-type: none"><li>• Change in residence due to an employment transfer</li></ul>	<ul style="list-style-type: none"><li>• Change of dependent status</li></ul>
<ul style="list-style-type: none"><li>• An increase or decrease in your work hours causes eligibility or ineligibility</li></ul>	<ul style="list-style-type: none"><li>• Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60-day notification period).</li></ul>

### **IMPORTANT**

If you experience a qualifying event, **you must contact Human Resources within 30 days of the qualifying event** to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event." Occurrence of a Qualifying Event during the plan year does not allow for change of Plan type.

# MEDICAL INSURANCE TERMS

## Coinsurance

Coinsurance is the percentage of the medical services you are responsible to pay after the deductible has been met. Once you have met your deductible for the plan year, you pay the coinsurance amount up to the out-of-pocket maximum.

## Copay

A fee you pay every time you get medical care or a prescription. Copays can vary based on where you get care.

## Deductible

A deductible is the amount of money you must pay before the plan begins paying benefits for specified services. Deductibles do not apply to all services- see summary plan description for application.

## Embedded Deductible

Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible the plan pays benefits for all covered family members.

## Explanation of Healthcare Benefits (EOB)

A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB.

## Non-Embedded Deductible

When the family deductible is met the plan begins sharing costs for each member. The deductible can be met by one or combination of family members.

## Out-of-Pocket Maximum

The out-of-pocket maximum is the maximum amount you will pay, inclusive of copayments/coinsurance and deductibles for covered services, in a plan year. Once you have reached the out-of-pocket maximum during a policy year the plan pays any remaining eligible services at 100%.

## Premium

Your regular payment to your health plan. Generally, a higher premium means lower monthly out-of-pocket costs, and a lower premium means higher out-of-pocket costs. Your premium does not count towards your deductible or out-of-pocket maximum.



## Plan Milestones and Stages

1. When your plan begins, you're in the first stage. You pay for all your covered medical costs until you hit the **deductible**.
2. After hitting your deductible, you enter the next stage. You now pay only a percentage of your medical costs and the health plan pays the rest. This is the **coinsurance** stage of your plan.
3. The coinsurance stage lasts until you reach the **out-of-pocket** maximum. At that point, the plan starts paying for all covered medical costs for the rest of the plan year.

## MEDICAL INSURANCE TERMS

### **In-Network**

In-network refers to providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider because those networks provide services at lower cost to the insurance companies with which they have contracts. Example: You go to a doctor and the total charge is \$250. You will receive a discount of \$75 because you went to an in-network doctor and the negotiated rate with the doctor is lower. The insurance company pays \$155. You pay what's left, which is \$20.

### **Out-of-Network**

Out-of-network refers to physicians, hospitals or other health care providers who are considered nonparticipants in an insurance plan or network. Depending on an individual's health insurance plan, expenses incurred by services provided by out-of-network health professionals may not be covered or covered only in part by the individual's insurance company. Example: You go to a doctor and the total charge is \$250. You will not receive a discount because the doctor is out-of-network. The insurance company still pays \$155, but you'll be responsible for what's left, which is \$95.

# UNITED HEALTHCARE INSURANCE RATES

United Healthcare PPO Monthly Premiums			
Coverage Level	Monthly Premium	Employee Cost	Bi-monthly Deduction*
Employee Only	\$898.32	\$0.00	\$0.00
Employee & Spouse	\$1,922.44	\$572.44	\$286.22
Employee & Child(ren)	\$1,832.59	\$482.59	\$241.30
Family	\$2,748.82	\$1,398.82	\$699.41

United Healthcare HMO Monthly Premiums			
Coverage Level	Monthly Premium	Employee Cost	Bi-monthly Deduction*
Employee Only	\$853.39	\$0.00	\$0.00
Employee & Spouse	\$1,826.23	\$476.23	\$238.12
Employee & Child(ren)	\$1,740.91	\$390.91	\$195.46
Family	\$2,611.23	\$1,261.23	\$630.62

\*Biweekly deduction only reflects the amount paid for medical insurance and does not include other insurance benefits that you may select such as dental and vision coverage.

Dental Premiums				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
DMO Plan	\$16.25	\$28.28	\$34.78	\$44.46
PPO Plan	\$36.08	\$76.56	\$72.16	\$116.35

Vision Premiums				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Vision Plan	\$5.42	\$10.57	\$11.11	\$15.44



# KNOW YOUR BENEFITS

Basic Plan Benefits	PPO	HMO
Annual Deductible	\$3000/\$6000 (Family); in-network \$6,000/\$12,000 (Family); out of network	\$3000/\$6000 (Family); in-network
Primary Care Physician	\$25 copay; in-network Deductible + 40% Coinsurance; out of network	\$25 copay
Specialist	\$50 copay; in-network Deductible + 40% Coinsurance; out of network	\$50 copay
Preventive Care	100%; no copay applies	100%; no copay applies
Virtual Visit	\$0 copay	\$0 copay
Urgent Care	\$40 copay	\$40 copay
Emergency Room Visit	\$100 copay	\$350 copay
Chiropractic	\$50 copay; in-network 40% Coinsurance; out of network	\$50 copay
Physical Therapy	\$50 copay; in-network 40% Coinsurance; out of network	\$50 copay
Inpatient Hospital	15% coinsurance after \$250 per day admission (up to 5 days); in-network Deductible + 40% coinsurance; out of network	100% after Deductible
Outpatient Surgery	Deductible + 15% coinsurance; in-network Deductible + 40% coinsurance; out of network	\$500 copay after Deductible \$400 copay (Ambulatory Surgical Center)
Outpatient Diagnostic Test (x-ray)	Participating Lab: \$0; in network Deductible + 15% Coinsurance; in-network (all other) Deductible + 40% Coinsurance; out of network	Participating Lab: \$0 \$100 copay (independent facility) \$200 copay after Deductible (hospital)
Imaging Test (CT/PET scans, MRIs)	Deductible + Coinsurance 15%; in-network Deductible + 40% Coinsurance; out-of-network	\$200 copay (independent facility) \$300 copay after Deductible (hospital)

# UNITED HEALTHCARE MEDICAL INSURANCE

**Network: Choice Plus**

**Website: myuhc.com**

Medical Plan Highlights	HMO Plan	
	PPO Network	Non-Network
<b>Annual Deductible</b>	\$3,000/ \$6,000 (Family)	No coverage
<b>Coinsurance</b>	0%	No coverage
<b>Annual Out of Pocket Maximum</b> (Includes Deductible & Copays)	\$6,350/ \$12,700 (Family)	No coverage
<b>Preventive Care</b>	\$0 Copay	No coverage
<b>Virtual Visit</b>	\$0 Copay	No coverage
<b>Office Visit (PCP/Specialist)</b>	\$25 Copay/ \$50 Copay	No coverage
<b>Outpatient Surgery</b>	Hospital: \$500 after Deductible ASC: \$400	No coverage
<b>Inpatient Hospitalization</b>	Deductible	No coverage
<b>Emergency Room (Facility Only)</b>	\$350 Copay	\$350 Copay
<b>Urgent Care</b>	\$40 Copay	No coverage
<b>Lab/X-Ray</b>	Participating Lab: \$0 Independent facility: \$100 Hospital: \$200 after Deductible	No coverage
<b>Advanced Imaging</b>	Independent facility: \$200 Hospital: \$300 after Deductible	No coverage
<b>Prescription Drugs</b> Tier 1 Tier 2 Tier 3 Tier 4 Specialty	\$20 Copay \$50 Copay \$70 Copay \$75 Copay \$150 Copay	No coverage
<b>Mail Order Prescription</b> Tier 1 Tier 2 Tier 3 Tier 4 Specialty	\$40 Copay \$100 Copay \$140 Copay N/A N/A	No coverage

*For limitations & exclusions, please refer to certificate of coverage or benefit summary.*

# UNITED HEALTHCARE MEDICAL INSURANCE

**Network: Choice Plus**

**Website: myuhc.com**

Medical Plan Highlights	PPO Plan	
	PPO Network	Non-Network
<b>Annual Deductible</b>	\$3,000/ \$6,000 (Family)	\$6,000/ \$12,000 (Family)
<b>Coinsurance</b>	15%	40%
<b>Annual Out of Pocket Maximum</b> (Includes Deductible & Copays)	\$4,000/ \$8,000 (Family)	\$8,000/ \$16,000 (Family)
<b>Preventive Care</b>	\$0 Copay	No Coverage
<b>Virtual Visit</b>	\$0 Copay	No Coverage
<b>Office Visit (PCP/Specialist)</b>	\$25 Copay/ \$50 Copay	Deductible + Coinsurance
<b>Outpatient Surgery</b>	Deductible + Coinsurance	Deductible + Coinsurance
<b>Inpatient Hospitalization</b>	15% coinsurance after \$250 per day per admission, up to 5 days	Deductible + Coinsurance
<b>Emergency Room (Facility Only)</b>	\$100 Copay	\$100 Copay
<b>Urgent Care</b>	\$40 Copay	\$60 Copay
<b>Lab/X-Ray</b>	Participating Lab: \$0 All other: Deductible + Coinsurance	Deductible + Coinsurance
<b>Advanced Imaging</b>	Deductible + Coinsurance	Deductible + Coinsurance
<b>Prescription Drugs</b> Tier 1 Tier 2 Tier 3 Tier 4 Specialty	\$20 Copay \$40 Copay \$60 Copay \$75 Copay \$150 Copay	N/A
<b>Mail Order Prescription</b> Tier 1 Tier 2 Tier 3 Tier 4 Specialty	\$40 Copay \$80 Copay \$120 Copay N/A N/A	N/A

*For limitations & exclusions, please refer to certificate of coverage or benefit summary.*

# UNITED HEALTHCARE EMPLOYEE ASSISTANCE PROGRAM (EAP)



**When life gets challenging,  
you've got caring, confidential help**

Your Employee Assistance Program (EAP) provides 24/7 direct access to personalized support, resources and no-cost referrals to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

**You have unlimited access to a telephonic EAP specialist who can help in the moments that matter, at no additional cost.**

\$0

**Call today for access to master's-level EAP specialists at no additional cost**

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

**Get started**

Call EAP 24/7 at **1-888-887-4114**

**United  
Healthcare**

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthCare Services, Inc. or their affiliates.

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# UNITED HEALTHCARE **HELPFUL TOOLS**

## Member Portal

By being a United HealthCare member, you automatically receive services that are free for you and your dependents use. Below are some of these services. For more information, log on to your member portal at [www.myuhc.com](http://www.myuhc.com).

### **Myuhc.com or the UnitedHealthcare app**

Personalized web portal designed to help provide answers to some of your most common health needs. Your unique and confidential user identification code and password gives you access to your personal benefit information 24 hours a day, 7 days a week. With Myuhc.com® you can:

- Learn what your plan covers & how to obtain care
- Access your temporary ID card or request a replacement ID card
- Check your current co-pays, deductibles and out of pocket maximums
- Compare costs for treatments
- Find in-network hospitals and physicians
- View and print copies of your medical claims
- Submit an appeal
- Information about health conditions, treatments and procedures
- Use the coverage & benefits page to view your Certificate of Coverage
- For information on registering for this free service, visit [www.myuhc.com](http://www.myuhc.com)

**24/7 Virtual Visits** allow you to talk to a provider by video for common urgent care needs or when your primary care provider is not available. Sign into your myuhc.com account to access your virtual care options.

### **MyHealthcare Cost Estimator**

Located on myuhc.com, this online tool provides more validated data than any other estimator. It uses estimates based on available fee schedules or contracted rates. It is personalized to calculate estimated out-of-pocket expenses based on your current plan.



#### **Search the network to find doctors**

You can go to providers in and out of network - but when you stay in network, you'll likely pay less for care. To get started:

Go to [welcometouhc.com](http://welcometouhc.com) > **Home** > **Find a Doctor or Facility**

- Choose **Choice (HMO Plan) or Choice Plus (HDHP w/ HSA Plan)** (for all plan options).
- Enter your Zip Code.

#### **Manage your meds**

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

Go to [welcometouhc.com](http://welcometouhc.com) > **Pharmacy Benefits**.

- For all plans select **Traditional 4-Tier PDL**.

#### **Choose home delivery**



- **By going online:** visit [myuhc.com](http://myuhc.com), register and follow the simple step-by-step instructions.
- **By phone:** call the member phone number on the back of your ID card. It's helpful to have your plan ID card and medication bottle available.
- **By ePrescribe:** your doctor can send an electronic prescription to OptumRx. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe\*.
  - \*This update does not apply to providers in Alaska, Guam, Puerto Rico or the U.S. Virgin Islands.

# WHERE TO GO WHEN SEEKING MEDICAL ATTENTION

Do not pay more than you must for medical care. The emergency room is meant for emergencies such as life threatening illnesses and injuries. Walk-in-clinics are designed to treat common ailments, provide basic primary health care, and are typically staffed by nurse practitioners and sometimes a physician's assistant. Urgent care facilities are designed to treat patients who are suffering from acute, non-life-threatening illnesses and injuries that are beyond the capacities of a regular walk-in-clinic and are typically open for extended hours. To maximize savings, use in-network facilities.

## Reasons to see your Primary Care Physician:

### Chronic Conditions such as:

- Hypertension/High Blood Pressure
- Diabetes/High Blood Sugar
- High cholesterol
- Heart disease
- Arthritis
- Depression

### Acute Conditions such as:

- Headache and/or fever
- Urinary tract infection
- Minor injuries
- Back, neck, shoulder, knee and/or hip pain

### Benefits of visiting your PCP:

- Low copay
- Medical history is available
- Established relationship with your doctor and clinical staff

## Reasons to use a Virtual Visit:

- Cough, cold or flu
- Minor strains & sprains
- Bronchitis & sinus infection
- Skin & eye issues
- Upset stomach
- Urinary tract/bladder infections
- Rashes
- Pink eye
- Pediatric issues
- Psychological issues
- Visit with a licensed therapist

### Benefits of virtual visits:

- 24/7 access to care
- Low copay
- Board certified physicians
- Nationwide network
- Available on smartphone or tablet
- Use when PCP, Urgent care or Extended Hour Care Center are unavailable to you

## Reasons to visit an Urgent Care:

- Acute minor trauma
- Cough, cold or flu
- Upper respiratory infections
- Strains, sprains & fractures
- Minor allergic reactions and asthma attacks
- Immunizations
- Back, neck, shoulder, knee and/or hip pain
- Minor lacerations, burns and other small wounds
- Urinary tract/ bladder infections

### Benefits of urgent care visits:

- Low copay
- Shorter wait time
- Same-day appointments
- Significant savings over ER

## Reasons to visit the Emergency Room:

- Any life-threatening emergency
- Any severe illness or injury
- Unresponsiveness
- Chest pain
- Weakness on one side
- Inability to speak
- Spine or head injury
- Change in mental status
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning
- Severe abdominal pain



## COST SAVINGS TOOLS

### Prescription Drug Cost Comparison Tools:

Use GoodRx and SingleCare's drug price search to compare prices (just like you do for travel or electronics on other sites) for your prescription at pharmacies near you. GoodRx as well as SingleCare do not sell the medications, the free website and mobile app will tell you where you can get the best deal on them. If you have insurance, your co-pay might not be the best price. Hundreds of generic medications are available for \$4 or even free without insurance. Every week both GoodRx and SingleCare collect millions of prices and discounts from pharmacies, drug manufacturers and other sources. GoodRx and SingleCare will show you prices, coupons, discounts and savings tips for your prescriptions at pharmacies near you. There is no cost or membership required to use either of these cost savings tools. Please visit the websites at [www.goodrx.com](http://www.goodrx.com) and [www.singlecare.com](http://www.singlecare.com). You can also download these apps on your smartphone. Please note: amounts paid for prescriptions using GoodRx or SingleCare's discount programs do not apply toward your medical plan's deductible or annual out of pocket maximum.



### Pharmacy Discount Programs:

Before you pay for your next prescription, check to see if they are available for free or at a lower cost than traditional copays. Pharmacies such as Wal-Mart, Costco, CVS/Target, and Publix offer prescription discount programs that allow you to purchase medications for as low as \$4 for a 30 day Supply (see each Pharmacy for specifics on their prescription discount program). If your local pharmacy is not listed below, please check with them to see if they offer any discounts.





## The ConnectCare3 Benefit

Your health and wellness partner.

### What is ConnectCare3?

ConnectCare3 is a confidential benefit provided to employees and their dependents covered under the health plan at no additional cost. ConnectCare3 has no affiliation with any insurance carrier or hospital system. We aim to provide callers with positive health outcomes on their health and wellness journey.

### Available Services



#### Patient Advocacy

The patient advocates are the first line of contact when reaching out to ConnectCare3. They also assist our clinical team with conducting research.



#### Nurse Navigation

The nurse navigators are available to work with patients who have received a medical diagnosis that requires a specialist. Our nurses can provide education on a diagnosis and treatments, physician options, and can help patients prepare for physician appointments.



#### Chronic Disease Management & Prevention

The Chronic Disease Management & Prevention team consists of registered nurses, certified health coaches, and a registered dietitian. Our team approach to preventing and managing chronic conditions provides you with access to resources and expertise all in one place.



#### Nutrition Education

Our registered dietitian will help patients to understand the connection between diet and health by completing a thorough nutritional assessment and providing healthy meal plans and alternatives.



#### Tobacco Cessation

Work one-on-one with our Tobacco Cessation coaches to achieve and maintain a tobacco-free life.

### How to Enroll

Contact us at 877-223-2350 or [info@connectcare3.com](mailto:info@connectcare3.com) to enroll in our services today.

### Sign Up to Receive Health & Wellness Updates

Scan the QR code to sign up to receive our health and wellness resources!



For more information, visit [connectcare3.com](http://connectcare3.com)

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# COLONIAL MEDICAL BRIDGE PLAN

- The Village of Palmetto Bay offers an employer-sponsored medical bridge insurance plan to all eligible full-time employees who are enrolled in the health insurance plan. The medical bridge plan is administered by Colonial Life Accident and Insurance Company and is intended to lessen your out-of-pocket expenses for certain medical services. Premiums are covered by the Village.
- Coverage under the supplemental plan mirrors the coverage that you select for your medical plan. Therefore, dependents covered under the medical plan will also be covered under the medical bridge insurance.
- Payments for benefits covered by the medical bridge plan are sent directly to the employee. In order to receive these benefits, employees must complete a **Colonial Life Claim Form**, which is available on the employee webpage or on the k-drive.
- Please note that all other products offered by Colonial Life are entirely voluntary and the Village does not contribute towards the costs of such products. Premiums for any voluntary service that you choose to enroll in will be your responsibility.
- For questions or inquiries, you may visit [Colonial Life online](#) or directly contact our Insurance Broker or the HR Department.

MEDICAL BRIDGE PLAN BENEFITS (EMPLOYER-SPONSORED)	
Benefit	Amount Paid **
Hospital Confinement (min. 21 consecutive hrs.)	\$3,000
Diagnostic Procedure	\$250
Emergency Room Visit	\$150
Health Screening Benefit	\$50
Outpatient Surgical Procedure	Tier 1- \$500 Tier 2- \$1,000 (Max. \$1,500 per person/per year)

Customer Service:  
786-250-0016  
Or  
[www.ColonialLife.com](http://www.ColonialLife.com)



# COLONIAL MEDICAL BRIDGE PLAN

## List of Health Screening Services—\$50

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>· Stress test on a bicycle or treadmill</li> <li>· Fasting blood glucose test</li> <li>· Blood test for a triglycerides</li> <li>· Serum cholesterol test to determine level of HDL and LDL</li> <li>· Bone marrow testing</li> <li>· Carotid Doppler</li> <li>· Electrocardiogram (EKG, ECG)</li> <li>· Echocardiogram (ECHO)</li> <li>· Skin cancer biopsy</li> <li>· Breast ultrasound</li> <li>· CA 15-3 (blood test for a breast cancer)</li> <li>· CA 125 (blood test for ovarian cancer)</li> </ul> | <ul style="list-style-type: none"> <li>· CEA (blood test for colon cancer)</li> <li>· Chest x-ray</li> <li>· Colonoscopy</li> <li>· Flexible sigmoidoscopy</li> <li>· Hemoccult stool analysis</li> <li>· Mammography</li> <li>· Pap smear</li> <li>· PSA (blood test for prostate cancer)</li> <li>· Serum protein electrophoresis blood test for myeloma</li> <li>· Thermography</li> <li>· ThinPrep pap test</li> <li>· Virtual colonoscopy</li> </ul> |
|---|---|

## List of Diagnostic Procedure Benefits—\$250

### Breast

- Biopsy (incisional needle stereotactic)

### Cardiac

- Angiogram
- Arteriogram
- Thallium stress test
- Transesophageal Echocardiogram (TEE)

### Diagnostic Radiology

- Computerized Tomography Scan (CT Scan)
- Electroencephalogram (EEG)
- Magnetic Resonance Imaging (MRI)
- Myelogram
- Nuclear medicine test
- Positron Emission Tomography Scan (PET scan)

### Digestive

- Barium Enema/Lower GI series
- Barium Swallow/Upper GI series
- Esophagogastroduodenoscopy (EGD)

### Gynecological

- Amniocentesis
- Cervical biopsy
- Cone biopsy
- Endometrial biopsy
- Hysteroscopy
- Loop Electrosurgical Excisional Procedure (LEEP)

### Ear/Nose/Throat/Mouth

- Laryngoscopy

### Liver

- Biopsy

### Lymphatic

- Biopsy

### Miscellaneous

- Bone marrow aspiration/biopsy

### Renal

- Biopsy

### Respiratory

- Biopsy
- Bronchoscopy
- Pulmonary Function Test (PFT)

### Skin

- Biopsy
- Excision of lesion

### Thyroid

- Biopsy

### Urinary

- Cystoscopy

# COLONIAL MEDICAL BRIDGE PLAN

Outpatient Surgical Procedure Benefit	
TIER 1—\$500	TIER 2 \$1000
<p><b>Breast</b></p> <ul style="list-style-type: none"> <li>· Axillary node dissection</li> <li>· Breast capsulotomy</li> <li>· Breast reconstruction</li> <li>· Lumpectomy</li> </ul> <p><b>Cardiac</b></p> <ul style="list-style-type: none"> <li>· Pacemaker insertion</li> </ul> <p><b>Digestive</b></p> <ul style="list-style-type: none"> <li>· Colonoscopy</li> <li>· Fistulotomy</li> <li>· Hemorrhoidectomy (external )</li> <li>· Lysis of lesions</li> </ul> <p><b>Skin</b></p> <ul style="list-style-type: none"> <li>· Laparoscopic hernia repair</li> <li>· Skin grafting</li> </ul> <p><b>Ear/Nose/Throat/Mouth</b></p> <ul style="list-style-type: none"> <li>· Adenoidectomy</li> <li>· Removal of oral lesions</li> <li>· Myringotomy</li> <li>· Tonsillectomy</li> <li>· Tracheostomy</li> </ul> <p><b>Gynecological</b></p> <ul style="list-style-type: none"> <li>· Dilation and Curettage (D&amp;C)</li> <li>· Endometrial ablation</li> <li>· Lysis of adhesions</li> </ul> <p><b>Liver</b></p> <ul style="list-style-type: none"> <li>· Paracentesis</li> </ul> <p><b>Musculoskeletal system</b></p> <ul style="list-style-type: none"> <li>· Carpal/cubital repair or release</li> <li>· Dislocation (closed reduction treatment other than a finger or toe)</li> <li>· Foot surgery (bunionectomy exostectomy, arthroplasty, hammer toe repair)</li> <li>· Fracture (closed reduction treatment other than rib, finger or toe)</li> <li>· Removal of orthopedic hardware</li> <li>· Removal of tendon lesion</li> </ul>	<p><b>Breast</b></p> <ul style="list-style-type: none"> <li>· Breast reduction</li> </ul> <p><b>Cardiac</b></p> <ul style="list-style-type: none"> <li>· Angioplasty</li> <li>· Cardiac catheterization</li> </ul> <p><b>Digestive</b></p> <ul style="list-style-type: none"> <li>· Exploratory laparoscopy</li> <li>· Laparoscopic appendectomy</li> <li>· Laparoscopic cholecystectomy</li> </ul> <p><b>Ear/Nose/Throat/Mouth</b></p> <ul style="list-style-type: none"> <li>· Ethmoidectomy</li> <li>· Mastoidectomy</li> <li>· Septoplasty</li> <li>· Stapedectomy</li> <li>· Tympanoplasty</li> <li>· Tympanotomy</li> </ul> <p><b>Eye</b></p> <ul style="list-style-type: none"> <li>· Cataract surgery</li> <li>· Corneal surgery (penetrating keratoplasty)</li> <li>· Glaucoma surgery (trabeculectomy)</li> <li>· Vitrectomy</li> </ul> <p><b>Musculoskeletal system</b></p> <ul style="list-style-type: none"> <li>· Arthroscopic knee surgery with meniscectomy (knee cartilage repair)</li> <li>· Arthroscopic shoulder surgery</li> <li>· Clavicle resection</li> <li>· Dislocations (ORIF - open reduction with internal fixation)</li> <li>· Fracture (ORIF - open reduction with internal fixation)</li> <li>· Removal or implantation of cartilage</li> <li>· Tendon/ligament repair</li> </ul> <p><b>Thyroid</b></p> <ul style="list-style-type: none"> <li>· Excision of a mass</li> </ul>

# UNITED HEALTHCARE DENTAL INSURANCE

Network: DMO

Website: [www.myuhc.com](http://www.myuhc.com)



Benefits	D1068 Managed Care Plan	
	PPO Network	Non-Network <sup>1</sup>
<b>Annual Deductible</b>	None	N/A
<b>Annual Plan Maximum</b>	Unlimited	N/A
<b>Schedule of Benefits</b>		
<b>0120 Routine Oral Exam</b>	\$0 Copay	N/A
<b>1110 Teeth Cleaning</b>	\$0 Copay	N/A
<b>0210 X-ray complete series</b>	\$0 Copay	N/A
<b>1208 Fluoride</b>	\$0 Copay	N/A
<b>2150 Fillings amalgam (2 surfaces)</b>	\$0 Copay	N/A
<b>2331 Fillings resin composite (2 surfaces)</b>	\$37 Copay	N/A
<b>1351 Sealant – per tooth</b>	\$0 Copay	N/A
<b>2752 Porcelain Crown</b>	\$245 Copay	N/A
<b>3330 Root Canal (Molar)</b>	\$245 Copay	N/A
<b>4260 Periodontal Surgery</b>	\$375 Copay	N/A
<b>7140 Extraction (Erupted Tooth/Exposed Root)</b>	\$20 Copay	N/A
<b>2390 Resin composite crown anterior</b>	\$115 Copay	N/A
<b>5110 Complete denture –maxillary</b>	\$325 Copay	N/A
<b>6205 Resin composite bridge</b>	\$750 Copay	N/A
<b>Orthodontic Services</b>		
<b>Orthodontia (child)</b>	\$2,200 Copay	N/A
<b>Orthodontia (adult)</b>	\$2,350 Copay	N/A

*For dental frequencies, please refer to certificate of coverage or benefit summary.*

# UNITED HEALTHCARE DENTAL INSURANCE

Network: Options PPO 20

Website: [www.myuhc.com](http://www.myuhc.com)



Benefits	VPPO Dental Plan	
	PPO Network	Non-Network
<b>Annual Deductible</b>	\$50/ \$150 (Family)	\$50/ \$150 (Family)
<b>Annual Plan Maximum</b>	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000
<b>Preventive &amp; Diagnostic Services</b>		
Exam, Cleaning, X-Rays	100%	100%
<b>Basic Services</b>		
Fillings, Mouth Guards	80%	80%
<b>Major Services</b>		
Oral Surgery, Crowns, Dentures	50%	50%
<b>Orthodontic Services</b>		
Orthodontia (children to age 19)	50%	50%
<ul style="list-style-type: none"> <li>• <b>If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.</b></li> <li>• <b>If you elect coverage outside of the new hire period a late entrant waiting period of 12 months applies to all Major and Orthodontic services</b></li> </ul>		

*For dental frequencies, please refer to certificate of coverage or benefit summary.*

# UNITED HEALTHCARE VISION INSURANCE

Network: United Healthcare

Website: [www.myuhc.com](http://www.myuhc.com)



Benefits	Vision	
	PPO Network	Non-Network Reimbursements
Eye Exams	\$15 Copay	Up to \$40
<b>Eyeglass Lenses and Frames</b>		
Single Standard Lenses	\$30 Copay	Up to \$40
Bifocal Standard Lenses	\$30 Copay	Up to \$60
Trifocal Standard Lenses	\$30 Copay	Up to \$80
Lenticular Standard Lenses	\$30 Copay	Up to \$80
Frames	\$130 Allowance & 30% discount on balance over \$130	Up to \$45
<b>Contact Lenses</b>		
Standard Fit and Follow Up	Covered in full after \$30 Copay	N/A
Elective Lenses – Formulary	Covered in full after \$30 Copay	N/A
Elective Lenses – Non-Formulary	\$105 Allowance	Up to \$105
Medically Necessary Lenses	Covered in full after \$30 Copay	Up to \$210
<b>Frequency</b>		
Eye Exam	Once every 12 months	
Lenses—Eyeglass or Contact	Once every 12 months	
Frames	Once every 24 months	

*For limitations & exclusions, please refer to certificate of coverage or benefit summary.*

# UNITED HEALTHCARE GROUP LIFE/AD&D INSURANCE

Life insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. It can help pay your mortgage, rent, run your household, send your children to college, pay off debts, etc. Group Life and AD&D is arranged through United Healthcare. At new hire, employees are eligible to elect a benefit of 2 x salary, with a maximum benefit of \$175,000. The benefit amount will be rounded to the next higher multiple of \$1,000 if the amount is not already a multiple of \$1,000. The \$1,350 employer contribution can be used towards this benefit.

United Life and AD&D Monthly Premiums	
Basic AD&D	\$0.03 (divided per \$1,000 of salary)
Life	\$0.26 (divided per \$1,000 of salary)



## Important Reminders

- Group Life and AD&D insurance benefits reduce to 65% at age 65 and to 50% at age 70.
- You must be actively at work on the effective date, or your coverage will be delayed until you return to active employment.

**\*Please note if this coverage is not elected at new hire an evidence of insurability form will be required to elect it at open enrollment and eligibility for coverage is subject to United Healthcare underwriting approval.**

*For Limitations & Exclusions, please refer to the certificate of coverage or benefit summary.*

# COLONIAL SUPPLEMENTAL INSURANCE

## ACCIDENT INSURANCE

Accidents happen in places where you and your family spend the most time. Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments, and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you will feel better knowing you can have greater financial security. Coverage is available worldwide, it is portable and it is compliant with Healthcare Spending Account (HSA) guidelines. You are paid regardless of any other insurance you may have with other companies., and the benefits are paid directly to you (unless you specify otherwise). If you change jobs or leave your employer, you can take your coverage with you at no additional cost. And your coverage is guaranteed renewable as long as you pay your premiums when they are due, or within the grace period. In addition, each person is eligible for a \$50 health screening benefit per year.

## SHORT TERM DISABILITY INSURANCE

You never know when a disability could impact your way of life. Fortunately, there is a way to protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses. Can you afford not to protect your income? Not all people have the same lifestyle expenses. That's why you need disability coverage that can be customized to fit your specific needs. Colonial will pay 50% of your total disability benefit if you are working for pay or benefits during the first 12 months of your disability, or during the benefit period, if less. Premium payments are waived after 90 consecutive days of a covered disability. Coverage is available from age 17 to 74 and coverage can be kept to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

## CANCER INSURANCE

Cancer Insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members. Premium is waived if the named insured is disabled longer than 90 consecutive days. A sample of the benefits under this plan include:

- Ambulance
- Bone Marrow Donor Screening
- Experimental Treatment
- Home Healthcare Services
- Hospital Confinement
- Medical Imaging Studies
- Reconstructive Surgery
- Cancer Vaccine
- Companion Transportation
- Family Care
- Hospice (Initial or Daily Care)
- Lodging
- Radiation/Chemotherapy
- Second Medical Opinion

**Please note: Supplemental Coverage is a voluntary benefit that is 100% employee paid**



# COLONIAL SUPPLEMENTAL INSURANCE

## CRITICAL ILLNESS INSURANCE

Even those of us who plan for the unexpected with life, disability, and medical insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need. Specified Disease Insurance helps fill the gaps in your health insurance. With Colonial Life you are paid a benefit that can help you cover:

- Deductibles, co-pays, and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

If you received a benefit for a Specified Critical Illness, and later you are diagnosed with a different Specified Critical Illness, the plan will pay the percentage of the face amount shown for that diagnosis, up to the maximum benefit available. If you are later diagnosed with the same Specified Critical Illness the plan will pay 25% of the chosen face amount up to the maximum benefit available (some exclusions apply). This policy also included a \$50 health screening benefit per covered person per calendar year.

## TERM AND WHOLE LIFE INSURANCE

Term and Whole Life Insurance work together to provide financial protection for you and your loved ones at all phases of life. From just starting out, to raising a family and planning for retirement. Term Life offers financial protection and peace of mind for employees and their families during their working years. Whole Life provides coverage employees can keep into retirement at competitive rates when purchased early. By purchasing both types of insurance individuals can achieve a lifetime of valuable financial protection. Spouse and child coverage is available and coverage can be continued even if you change jobs or retire. In addition, level premiums that do not increase are guaranteed.

To learn more about any of the Colonial Insurance coverages available, speak with your Colonial Life benefits representative.

Zunilda Conforte  
305-409-2221

**Please note: Supplemental Coverage is a voluntary benefit that is 100% employee paid**

# AFLAC SUPPLEMENTAL INSURANCE

**Bi-Weekly Payroll Deduction Rates**  
**AFLAC Benefits - FL Rates**

*Contact Tracy Reeves to Enroll*  
[TLRRose@aol.com](mailto:TLRRose@aol.com) 954-270-7543

**THESE PLANS PAY YOU DIRECTLY and are PORTABLE**

**ACCIDENT ADVANTAGE** - Covers you 24/7 for any accidents on or off the job. It pays for injuries at the doctor's office or ER \$120-\$200, MRI / CT Scan - \$250, Follow up visits - \$40 (up to 6 per injury) Physical Therapy - \$40 (up to 10 per injury) Also, pays \$1,500 if admitted into the hospital +\$300/per day of confinement. Pays for fractures and surgeries due to injuries. Includes an accidental death insurance benefit of \$62,500. Pays one person \$60 per year for doing a wellness checkup.

LEVEL 4	INDIVIDUAL	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
Admin	9.84	16.14	17.58	25.44
Other	11.22	17.64	19.92	27.24

**Hospital Choice 1 with & without riders – Pays benefits directly to you for Hospital**

**Confinement due to sickness, injury, or maternity (10 month wait for delivery).** Hospital Confinement - \$500 payable once per calendar year, per person. ER - \$100 for ER visit, 2 payments per calendar year. Physician Visits - \$25 x 3 for Ind 25 x 6 for Family. Lab test & X-ray Benefit - \$35 – 2 payments per calendar year. MRI/ CT scan - \$150- limit 2 exams per person per year. Surgery Benefits: Pays \$50 - \$1000. Invasive Exam - \$100, Daily Hospital Confinement - \$100 per day. Hospital ICU Benefit: Pays \$500 per day, for up to 30 days.

**\* Must answer Health question for both riders. Guarantee Issue plan available EBR.**

		Age 18-49	Age 50- 59	Age 60-75
Individual	No Riders	7.92	8.16	8.40
	With EBR	13.32	14.28	14.58
	w/both Riders	21.84	25.20	26.80
Individual & Spouse	No Riders	10.32	10.98	11.28
	With EBR	21.86	23.70	24.12
	w/both Riders	37.26	45.36	51.24
One-Parent Family	No Riders	10.32	10.62	10.86
	With EBR	21.06	21.60	22.08
	w/both Riders	32.82	34.98	39.66
Two-Parent Family	No Riders	11.82	12.06	12.30
	With EBR	25.56	26.04	26.88
	w/both Riders	41.40	48.42	55.86

**Hospital Choice H – Pays benefits directly to you for Hospital Confinement due to sickness, injury, or maternity (10 month wait for delivery).** Hospital Confinement - \$500 payable once per calendar year, per person. \$100 per day for being in the Hospital and \$50 per day for Hospital ICU, for up to 30 days. No bells or whistle plan. **ONLY FOR BEING ADMITTED! \* Must answer Health question.**

Age	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
18-49	9.96	13.80	11.40	14.10
50-59	10.68	17.04	11.94	17.28
60-75	12.42	20.70	13.38	20.94

Please note: Supplemental Coverage is a voluntary benefit that is 100% employee paid

# AFLAC SUPPLEMENTAL INSURANCE

**Cancer Protection Assurance Level 2** - This policy pays you \$ 4000 for a first occurrence in the event you are diagnosed with internal cancer. It also pays additional sums for radiation or chemotherapy treatments. + \$200/day for hospital confinement along with a significant amount of other benefits too large to detail. This goes a long way for giving you the financial peace of mind when undergoing treatment through this crisis. It also pays an annual wellness benefit of \$75.00/ year for any pre-cancer test such as mammogram/ pap smear or prostate exams etc. (See brochure for more specific details)

**Additional benefits:** Dependent children (up to age 26) are covered at **NO CHARGE** and initial benefit doubles to \$ 8000.  
**Additional rider:** Dependent Child rider can be added and Aflac will pay an extra \$10,000 when child is diagnosed with cancer.  
**Building benefits:** Initial benefits increased by \$ 500 per year policy is in force per anniversary year.  
**Specified diseases:** Additional specified diseases are included with many additional benefits. See brochure.

EMP / EMP + CHILD	EMP +SPOUSE / FAM	EMP + CHILD +RIDER	FAMILY + RIDER
20.74	37.31	21.16	37.73

There is a Level 1 Cancer option that is lower in cost – Ask Tracy for details

**Plus Rider to add to Cancer Only – Pays \$5,000 for Heart, Attack, Stroke plus Covid Benefits for being In the hospital**

	Age 18-29	Age 30-39	Age 40-49	Age 50-70
Individual	1.44	2.04	3.48	5.94
Individual & Spouse	2.70	4.02	6.60	11.34
One- Parent Family	2.88	3.12	4.20	6.12
Two -Parent Family	3.48	4.50	6.78	11.40

**Supplemental Dental – You can go to any dentist! Payments are made directly to you!**  
**There are waiting periods!**

Level 1	INDIVIDUAL	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
Age 18-70	13.98	27.18	26.82	40.56

## SHORT TERM DISABILITY

INSURANCE FOR YOUR PAYCHECK  
 0 DAY WAIT FOR OFF THE JOB INJURY AND 7 DAY WAIT FOR SICKNESS  
 Up to 3 months of Benefit

Annual Income	Monthly Disability Benefit	Ages 18-49 Bi-weekly Rates ADMIN ONLY	Ages 50-64 Bi-weekly Rates ADMIN ONLY	Ages 18-49 Bi-weekly Rates Other	Ages 50-64 Bi-weekly Rates Other
\$26,000	\$1,300	13.26	14.04	14.04	16.38
\$27,000	\$1,400	14.28	15.12	15.12	17.64
\$29,000	\$1,500	15.30	16.20	16.20	18.90
\$32,000	\$1,600	16.32	17.28	17.28	20.16
\$34,000	\$1,700	17.34	18.36	18.36	21.42
\$36,000	\$1,800	18.36	19.44	19.44	22.68
\$38,000	\$1,900	19.38	20.52	20.52	23.94
\$39,000	\$2,000	20.40	21.60	21.60	25.20
\$41,000	\$2,100	21.42	22.68	22.68	26.46
\$43,000	\$2,200	22.44	23.76	23.76	27.72
\$45,000	\$2300	23.46	24.84	24.84	28.98
\$47,000	\$2400	24.48	25.92	25.92	30.24
\$49,000	\$2500	25.50	27.00	27.00	31.50

This is an example of options available – Contact Tracy for Higher Income and different waiting periods.

See Link Below to See Brochures and make an appointment with Tracy Reeves  
<https://www.aflacenrollment.com/VPB/VPB1453457>

Please note: Supplemental Coverage is a voluntary benefit that is 100% employee paid

# LEGALSHIELD/ IDSHIELD LEGAL SERVICES AND IDENTITY PROTECTION



## Have You Ever...

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

### The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15<sup>th</sup> of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

### The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency

Plan	Family Price	Individual Price
LegalShield	\$9.48 24-Pay	\$9.48 24-Pay
IDShield	\$9.48 24-Pay	\$4.48 24-Pay
Combined	\$16.95 24-Pay	\$13.95 24-Pay



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see [www.idshield.com](http://www.idshield.com). All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/> summary-of-benefits. We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



Barry Olfern and Tracy Reeves  
Phone: 954-655-2446  
Email: [barryolfern@gmail.com](mailto:barryolfern@gmail.com)

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# MEDCOM FLEXIBLE SPENDING ACCOUNT (FSA)

You can pay for out-of-pocket medical, dental, vision, and/or dependent care expenses with pre-tax dollars through the Flexible Spending Account (FSA).

Maximum Annual Contributions	2023
Health Care Contribution Limit	<b>\$3,050</b>
Dependent Care Contribution Limit	<b>\$5,000</b>



## Health Care FSA features:

- Pre-tax contribution
- Pay for any qualified medical, dental, and vision expenses for yourself, spouse, or dependents. (See IRS Publication 502 for a complete list of qualified medical expenses- *sample list is below.*)

Acupuncture	Blood Pressure monitor	Crutches/Wheelchair	Lasik/Vision Correction Surgery	Psychologist fees
Alcohol or Drug addiction treatment	Breast pump and supplies/accessories	Dental services	Long-Term Care	Smoking Cessation
Ambulance	Chiropractor Care	Diabetic monitors, test kits, strips & supplies	Medicines (prescriptions & over-the-counter)	Speech therapy
Bandages	Coinsurance & copayments	Fertility treatment	Oxygen	Sunscreen
Birth control	Contact lenses & glasses	Hearing aids & batteries	Psychiatric care	Vasectomy

A **Dependent Care FSA** is used to reimburse work related expenses; while you or your spouse work, look for work or attend school full-time or are physically unable to care for your dependent. Eligible children are under age 13, or a dependent who is physically or mentally not able to care for himself. Eligible expenses include nanny, nursery school, before care/after care, late pick-up fees, day camp, or day care. Your Dependent Care contribution is not pre-loaded to a debit card; you can only access what has been payroll deducted and is in your FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income or FICA taxes on the portion of your paycheck you contribute to your FSA.

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses incurred during the Plan Year. If you still have money in the account at the end of the Plan Year (September 30, 2023), you will have a 2.5 month extension period to incur additional eligible expenses. Any money remaining in the account when the extension period ends on December 15, 2023 is forfeited; this is the "use-it or lose-it" rule.

# IMPORTANT NOTICES

## **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean-section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## **Notice of Special Enrollment Rights**

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

### **- Loss of Other Coverage**

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### **- Marriage, Birth or Adoption**

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

### **- Medicaid or CHIP**

If you or your dependents lose eligibility for coverage under Medicaid (or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

## **Mental Health Parity and Addiction Equity Act (MHPAEA)**

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at the number on the back of your medical id card.

## **Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)**

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long-Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>  
An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>

## **Michelle's Law**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator at the number on the back of your medical id card.

## **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact HR at 305-259-1234.

## **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member, or an embryo lawfully held by a member receive assistive reproductive services.

# IMPORTANT NOTICES

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➔ **See page 30**  
for more  
information on  
these rights and  
how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➔ **See page 31**  
for more  
information  
on these rights and  
how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➔ **See page 31 and 32** or more  
information  
on these rights and  
how to exercise them

## IMPORTANT NOTICES

### Your Rights

**When it comes to your health information, you have certain rights.**  
This section explains your rights and some of our responsibilities to help you.

#### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.  
We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



# IMPORTANT NOTICES

## Your Choices

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

# IMPORTANT NOTICES

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date: October 1, 2023

# IMPORTANT NOTICES

## **Important Notice from the Village of Palmetto Bay about Your Prescription Drug Coverage and Medicare, Creditable Coverage**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Palmetto Bay and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Palmetto Bay has determined that the prescription drug coverage offered by United Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Palmetto Bay coverage will be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. United Healthcare administers the group health coverage available to Palmetto Bay employees, retirees and dependents. The included prescription drug benefit provides:

<b>HMO and PPO Plan</b>	<b>Network</b>	<b>Non-Network</b>	<b>Mail Order</b>
<b>Tier 1</b>	\$20 Copay	N/A	\$40 Copay
<b>Tier 2</b>	\$50 Copay	N/A	\$80 Copay
<b>Tier 3</b>	\$60 Copay	N/A	\$140 Copay
<b>Tier 4</b>	\$75 Copay	N/A	N/A

If you do decide to join a Medicare drug plan and drop your current Palmetto Bay coverage, be aware that you and your dependents will not be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** You should also know that if you drop or lose your current coverage with Palmetto Bay and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Palmetto Bay changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Or contact the person listed below.

**Note:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Palmetto Bay changes. You also may request a copy of this notice at any time.

Date: **10/01/2023**

Name of Entity/Sender: **Village of Palmetto Bay**

Contact: **Jessica Mak**

Address: **9705 East Hibiscus St, Palmetto Bay, FL 33157**

Phone Number: **305-259-1234**

# IMPORTANT NOTICES

## New Health Insurance Marketplace Coverage Options & Your Health Coverage

### **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources Department. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### **PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>1. Employer Name</b> Village of Palmetto Bay	<b>4. Employer Identification Number (EIN)</b> 05-0541068	
<b>5. Employer Address</b> 9705 East Hibiscus Street	<b>6. Employer Phone Number</b> 305-259-1234	
<b>7. City</b> Palmetto Bay	<b>8. State</b> Florida	<b>9. ZIP Code</b> 33157
<b>10. Who can we contact about employee health coverage at this job?</b> Jessica Mak		
<b>11. Phone Number</b> 305-259-1234	<b>12. Email Address</b> jmak@palmettobay-fl.gov	

<sup>1</sup>An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

# IMPORTANT NOTICES

## New Health Insurance Marketplace Coverage Options & Your Health Coverage

**Here is some basic information about health coverage offered by this employer:**

**As your employer, we offer a health plan to:**

- All employees.
- Some employees. Eligible employees are working 30 or more hours per week.

**With respect to dependents:**

- We do offer coverage. Eligible dependents are a spouse of the employee, a natural child, a stepchild, a legally adopted child, a child for whom legal guardian ship has been awarded to the employee or spouse, the newborn child of an enrolled dependent until the newborn reaches 18 months of age.
- We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums. The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_ (mm/dd/yyyy)
- No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- Yes** (Go to question 15)  **No** (Stop and return this form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

**How much would the employee have to pay in premiums for this plan per month? \$0.00**

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

A. How much will the employee have to pay in premiums per month for that plan? \$ \_\_\_\_\_

Date of Change: \_\_\_\_\_

# IMPORTANT NOTICES

## **Premium Assistance Under Medicaid and the Children’s Health Insurance Program CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

### **ALABAMA – Medicaid**

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### **FLORIDA – Medicaid**

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>

Phone: 1-877-357-3268

### **GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

## WHO TO CALL

Carrier/Benefit	Phone #	Email/Website
Brown & Brown-Broker	Melanie Stegall 386-239-5779 Morgan Legath 386-239-4067	Bbrown.com
United Healthcare Medical	866-633-2446	myuhc.com
United Healthcare EAP	888-887-4114	-
ConnectCare3 Health and Wellness	877-223-2350	connectcare3.com
United Healthcare Dental	800-955-4137	myuhc.com
United Healthcare Vision	800-638-3120	myuhcvision.com
United Healthcare Life/AD&D	866-302-4480	member.myuhcglobal.com
Colonial Supplemental	844-829-3674	coloniallife.com
Aflac Supplemental	Tracy Reeves 954-270-7543	tlrose@aol.com aflac.com/mypolicy

